

California Resident Income Tax Return 2005**540** C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2006.

Place label here or print	Your first name	0033	0034	Initial	0031	Last name	0035	0036	0015	0025	PBA Code	P
	0030	0043	0044	0041	0042	0045	0046	0022			0038	AC
Name and Address	If joint return, spouse's first name	0040										A
	Present home address — number and street, PO Box, or rural route	0050			0052				Apt. no.	0054	PMB no.	0053
	City, town, or post office (If you have a foreign address, see instructions, page 17)	0056			0057				State	0058	ZIP Code	0059
SSN or ITIN	Your SSN or ITIN	0048				Spouse's SSN or ITIN						RP
		0010					0020					
IMPORTANT: Your SSN or ITIN is required.												
Prior Name	If you filed your 2004 tax return under a different last name, write the last name only from the 2004 tax return.											
	Taxpayer	0067				Spouse	0069					
Filing Status	1 <input type="radio"/> Single 0060 @0062 0063 0064 2 <input type="radio"/> Married filing jointly (even if only one spouse had income). 3 <input type="radio"/> Married filing separately. Enter spouse's social security number above and full name here 0070 4 <input type="radio"/> Head of household (with qualifying person). STOP. See instructions, page 9. 0071 0079 5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse died 0080											
Exemptions	6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle <input type="radio"/> 6 <input type="radio"/> 0085 7 Personal: If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 10 0090 <input type="checkbox"/> X \$87 = \$ 0091 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 0095 <input type="checkbox"/> X \$87 = \$ 0096 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 0100 <input type="checkbox"/> X \$87 = \$ 0101 10 Dependents: Enter name and relationship. Do not include yourself or your spouse. *0105 +0107 0110 0112 0115 0117 0120 0122 0125 0127 0130 0132 Total dependent exemptions 0135 <input type="checkbox"/> X \$272 = \$ 0136 11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 21 11 \$ 0140											
Taxable Income	12 State wages from your Form(s) W-2, box 16 or CA Sch. W-2, line C 12 0200 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 13 0205 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B 14 0210 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions, page 17 15 0215 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C 16 0220 17 California adjusted gross income. Combine line 15 and line 16 17 0225 18 Enter the larger of: { Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: • Single or Married filing separately \$3,254 • Married filing jointly, Head of household, or Qualifying widow(er) \$6,508 If the circle on line 6 is filled in, STOP. See instructions, page 17 18 0230 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 0233 0234 19 0235											
Tax	20 Tax. Fill in circle if from: <input type="radio"/> Tax Table <input type="radio"/> Tax Rate Schedule <input type="radio"/> FTB 3800 or <input type="radio"/> FTB 3803 20 0240 Caution: If under age 14 and you have more than \$1,600 of investment income, read the line 20 instructions to see if you must attach form FTB 3800 or FTB 3803. 21 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$143,839, see instructions, page 18 21 0245 22 Subtract line 21 from line 20. If less than zero, enter -0- 22 0250 23 Tax. See instructions, page 18. Fill in circle if from: <input type="radio"/> Schedule G-1, Tax on Lump-Sum Distributions 0253 <input type="radio"/> Form FTB 5870A, Tax on Accumulation Distribution of Trusts 0254 23 0255 24 Add line 22 and line 23. Continue to Side 2 24 0260											

Attach copy of your Form(s) W-2, W-2G, 592-B, 593-B, and 594 here. If you completed CA Sch W-2, attach it to the back of your return

Also attach any Form(s) 1099 showing California tax withheld.

0800 0810 0820 0830 0840 0850 0860 0870

Your name: _____ Your SSN or ITIN: _____

Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1, line 24 25 **0300**

28 Enter credit name **0306** code no **0307** and amount ▶ 28 **0310**

29 Enter credit name **0311** code no **0312** and amount ▶ 29 **0315**

30 To claim more than two credits, see instructions, page 19 ● 30 **0325**

31 Nonrefundable renter's credit. See instructions, page 20 ● 31 **0327**

32 Add line 28 through line 31. These are your total credits 32 **0330**

33 Subtract line 32 from line 25. If less than zero, enter -0- ***0331** +**0332** 33 **0335**

Other Taxes

34 Alternative minimum tax. Attach Schedule P (540) ● 34 **0340**

35 Mental Health Services Tax. See instructions, page 20 ● 35 **0345**

36 Other taxes and credit recapture. See instructions, page 20 ***0341** +**0342** ● 36 **0350**

37 Add line 33 through line 36. This is your total tax ● 37 **0355**

PaymentsTo view your 2005 estimated payments, go to www.ftb.ca.gov

38 California income tax withheld. See instructions, page 20 ■ 38 **0360**

39 2005 CA estimated tax and other payments. See instructions, page 20 ■ 39 **0365**

40 Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions, page 21 ■ 40 **0368**

41 Excess SDI. To see if you qualify, see instructions, page 21 ■ 41 **0370**

Child and Dependent Care Expenses Credit. See instructions, page 21; attach form FTB 3506.

● 42 **-0371** ● 43 **-0372** ■ 45 **0374** 46 **0375**

■ 44 **0373** 46 Add line 38, line 39, line 40, line 41, and line 45. See instructions page 21 **0377** **0378** 46 **0375**

Overpaid Tax/ Tax Due

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 47 **0380**

48 Amount of line 47 you want applied to your 2006 estimated tax ■ 48 **0385**

49 Overpaid tax available this year. Subtract line 48 from line 47 ■ 49 **0390**

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions, page 21 50 **0395**

Use Tax51 Use Tax. **This is not a total line.** See instructions, page 22 ● 51 **0398** 00**Contributions**

CA Seniors Special Fund. See instructions, page 28 ● 52 **0400** 00 Emergency Food Assistance Program Fund ● 59 **0435** 00

Alzheimer's Disease/Related Disorders Fund ● 53 **0405** 00 CA Peace Officer Memorial Foundation Fund ● 60 **0436** 00

CA Fund for Senior Citizens ● 54 **0410** 00 CA Military Family Relief Fund ● 63 **0442** 00

Rare and Endangered Species Preservation Program ● 55 **0415** 00 CA Prostate Cancer Research Fund ● 64 **0443** 00

State Children's Trust Fund for the Prevention of Child Abuse ● 56 **0420** 00 Veterans' Quality of Life Fund ● 65 **0444** 00

CA Breast Cancer Research Fund ● 57 **0425** 00 CA Sexual Violence Victim Services Fund ● 66 **0445** 00

CA Firefighters' Memorial Fund ● 58 **0431** 00 CA Colorectal Cancer Prevention Fund ● 67 **0446** 00

68 Add line 52 through line 67. These are your total contributions ● 68 **0450** **0466****Refund or Amount You Owe**

69 **REFUND OR NO AMOUNT DUE.** See instructions, page 22. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 69 **0460** **0467**

70 **AMOUNT YOU OWE.** See instructions, page 22. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 70 **0465** **0468**

Interest and Penalties

71 Interest, late return penalties, and late payment penalties **0472** 71 **0470**

72 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached ■ 72 **0475**

73 Total amount due. See instructions, page 23. Enclose, but do not staple, any payment 73 **0476**

74 If you **do not** need California income tax forms mailed to you next year, fill in the circle ● 74 ○ **0477** **0478**

Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip. See instructions, page 24

Fill in the boxes to have your refund directly deposited. Routing number ● **0700**

Account Type: **0710** **0720** Account **0730**

Checking ● ☐ Savings ● ☐ number ● **0730**

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 3**Sign Here**

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 24.

Your signature Spouse's signature (if filing jointly, both must sign) Daytime phone number (optional) **0479**

X **0545** **0550** **0570** X **0560** **0580** Date **0605**

Paid preparer's signature (*declaration of preparer is based on all information of which preparer has any knowledge*) Paid preparer's SSN/PTIN **0607**

0600 **0610** **0615** **0620** **0625** **0630** **0607**